

Disaster Service Worker Volunteer Program (DSWVP): Claim Submission Instruction for Employers/Supervising Agencies

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Claim Submission

If a DSW volunteer is injured as a result of an authorized deployment or pre-approved training, please follow procedures below:

1. Provide **SCIF 3301**, Employee's Claim, to injured DSW volunteer within 24 hours of knowledge of injury.
 - a. DSW volunteer completes 1-8 (top section) and returns to employer.
 - b. Employer provides 'temporary receipt' copy to DSW volunteer and then completes 9-18 (bottom section).
 - c. Employer provides completed, signed and dated copy to DSW volunteer.
 - d. Completed form must be submitted **within 1 working day** after receipt from DSW volunteer.
2. Complete **SCIF 3267**, Employer's Report, within **5 calendar days** of knowledge of injury.



DSW volunteer DOES NOT complete this form or receive a copy.

OR

Complete **SCIF 3267** over the phone with a Claims Reporting Representative. This expedites the claim initiation, especially for those employers without access to the paper form.

24 – Hour Claims Reporting Center (888) 222-3211

3. Submit documents within time lines. DO NOT wait until you have all documents before submitting.
4. Keep copies of all documents in employer's file for injured DSW volunteer.

DOCUMENT	SCIF	CAL OES	COMMENTS
SCIF 3267	Fax Copy & Mail Original	Fax or Scan Copy	SCIF Fax: 707-646-0543
SCIF 3301			CAL OES Fax: 916-845-8736
DSW Registration & Oath	Fax Copy		<i>*Required for training related injuries</i>
Incident Report			
<i>Training Pre-Authorization*</i>			
<i>Training Verification*</i>			